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3	1516 Oak Street, Suite 109					
4	Alameda, CA 94501 Telephone: 510-814-6100 Facsimile: 510-814-0650					
5	Attorney for Plaintiff Jeanette Sanders					
6	Jeanette Sanders					
7	I NITED STATES I	DISTRICT COURT				
8		UNITED STATES DISTRICT COURT  NORTHERN DISTRICT OF CALIFORNIA				
9	TVOICTIER V BISTIC					
10	IEANIETTE CANIDED C					
1	JEANETTE SANDERS,  Plaintiff,	CASE NO. C07-05537				
2	VS.	CASE NO. C07-03337				
3	YMCA OF THE EAST BAY LONG TERM DISABILITY POLICY,					
5	Defendant,					
6	UNUM LIFE INSURANCE COMPANY,					
.7	Real Party in Interest.					
9						
0.						
1						
2	PROOF OF	SERVICE				
3		SERT TOE				
4						
5						
6						
7						
8						

RETURN OF SERVICE					
Service of the Summons and Complaint was made by me <sup>1</sup> DATE  11-1-07-					
SUSAN POPE	TITLE .				
Check one box below to indicate appropriate method o	f service				
Served Personally upon the Defendant. Place whe	re served:				
Left copies thereof at the defendant's dwelling house discretion then residing therein.  Name of person with whom the summons and com	se or usual place of abode with a person of suitable age and plaint were left:				
Returned unexecuted:					
Other (specify): SENT VIA CERTIFIED  UNUM LIFE INS.  I FOUNTAIN SOL					
STATEMENT C	F SERVICE FEES				
TRAVEL SERVICES	TOTAL				
DECLARATIO	ON OF SERVER				
I declare under penalty of perjury under the la information contained in the Return of Service and State  Executed on   Date	aws of the United States of America that the foregoing atement of Service Fees is true and correct.  Signature of Server  STG OAK ST., SUITE 109  Address of Server ALAMEDA, CA 9450				
1) As to who may serve a summons see Rule 4 of the Federal Rules of 0	Civil Procedure				

3587	3587 2587	CENTIFIED WAIL™ RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)	
D733	0733 EE70	1 OFF CIALUSE	
0550 0001 RIFIED W		Certified Fee  Return Reciept Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	
PODY Property Propert		Total Postage & Fees \$ 4.13  Sent To Unum Life Ins. Co.  Street, Apt. No.; or PO Box No.   Fountain Square  City, State, ZIP+4 Chaftanoga TN 37042  PS Form 3800, June 2002 See Reverse for Instruction	

11-1-07 Jeanette Sanders